

**BID BOARD NOTICE (RFP)**

**PROCUREMENT ID NUMBER: 16-SPC-07, eMM#MDM0031025544**

**ISSUE DATE: March 15, 2016**

**TITLE: Registered Nurse Case Manager/Delegating Nurse (RN CM/DN) to Complete the Health Risk Screening Tool (HRST)**

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**THIS SOLICITATION SHALL BE MADE IN ACCORDANCE WITH THE SMALL PROCUREMENT REGULATIONS DESCRIBED IN COMAR 21.05.07.**

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**SMALL BUSINESS RESERVE**

This solicitation has been designated as a Small Business Reserve (SBR); only registered SBRs may respond. Please apply at <https://emaryland.buyspeed.com/bs/> to see if your business qualifies. You cannot be awarded the contract if you are not a SBR.

**SUMMARY STATEMENT**

The Office of Developmental Disabilities Administration (DDA) within the Maryland Department of Health and Mental Hygiene (the Department, DHMH) is soliciting proposals for a vendor to perform the HRST and the Self-Med Screening for participants receiving services in Residential Habilitation or Self-Direction.

Multiple contracts will be awarded to the Offeror(s) that best meet the needs of the evaluation criteria. One contract will be awarded to each of four regions. An Offeror may bid on one and up to all four of the regions. The anticipated term of the contract resulting from this solicitation will begin on or about April 1, 2016 through March 31, 2017. **Financial Proposals will equal to no more than \$25,000 total for all services.**

**BACKGROUND**

As of January 2016 all consumers in Residential Habilitation and participating in Self-Direction are required to be screened using the HRST. The HRST is used to detect health risks and destabilization early. The HRST is a nationally recognized screening tool that has been found to be both valid and reliable. The Centers for Medicare and Medicaid Services (CMS) expects the State of Maryland to ensure health, safety and welfare of participants of the Community Pathways waiver. This tool is being utilized to meet that requirement. Participants of the

Community Pathways waiver may obtain services through a network of providers or self direct their services. To prevent a delay of services in completing the HRST, the DDA requires additional nursing staffing to accommodate each of the four regions. The four regions are identified as:

1. Western Region-Allegany, Carroll, Frederick, Garrett, Washington
2. Central Region – Ann Arundel, Baltimore City, Baltimore, Harford, Howard
3. Southern Region – Calvert, Charles, Montgomery, Prince George’s, St. Mary’s
4. Eastern Shore Region-Caroline, Cecil, Dorchester, Kent, Queen Anne’s, Somerset, Talbot, Wicomico, Worcester

### **SCOPE OF WORK**

The selected Offeror shall:

- Complete the HRST within seven (7) days of receiving a referral. (Maximum allowable cost per screening is \$150 per Medicaid.)
- Complete the Self-Med Screening for self-directed individuals at the time of completion of HRST.
- Submit all completed documents to Regional Office within ten (10) business days of completion.

Staff proposed must meet the following requirements and be pre-approved by the Contract Monitor prior to start of services:

- RN must be current and active on the DDA list of RN CM/DN (Case Manager/Delegating Nurse) and must have completed the HRST Rater Training Online.
- RN must participate in the Reviewer training once available in order to participate in the Contract.

### **MANDATORY REQUIREMENTS**

The vendor shall meet the following minimum requirements:

- This solicitation has been designated as a Small Business Reserve (SBR). Selected Offerors **must** be registered as an SBR in order to submit a proposal.

### **TECHNICAL PROPOSAL SUBMISSIONS**

The Offeror shall send a proposal that must be no smaller than 12-point font, double-spaced, with one-inch margins. Technical proposals shall be no longer than ten (10) pages (this excludes budget, budget narrative, and any attachments regarding organizational capabilities). One original and three (3) copies should be placed in a sealed envelope labeled “Technical Proposal.”

**Technical proposals shall include the following mandatory submissions:**

- A. Background Information:
  - 1. Organization Name, Name, address, telephone number, e-mail address, fax number, and position/title of the individual who will serve as the primary contact for this contract.
  - 2. The capabilities of the relevant information establishing qualifications as an expert. RN must be current and active on the DDA list of RN CM/DN (Case Manager/Delegating Nurse) and must have completed the HRST Rater Training Online.
  - 3. RN must participate in the Reviewer training once available in order to participate in the Contract.
  - 4. Please provide curriculum vitae for all project staff members as a part of this document.
  - 5. The Offeror's Small Business Reserve number and Federal Identification Number.
  
- B. The Offeror shall submit a sample/example of a completed HRST and Self Medication Assessment.
  
- C. The Offeror shall describe any promotional added value that can be offered to the State, above and beyond the number specified in A (above). Also the Offeror will include the estimated dollar amounts and potential value to the campaign of the added value that will be offered to the State.
  
- D. Offerors shall disclose all conflicts of interest (obvious and non-obvious), if any, and describe in detail how the conflicts of interest will be ameliorated. If the Offeror is receiving other funding for similar services to DDA, please describe how this funding is being used and the source of the funding.
  
- E. The offeror must supply a minimum of two (2) letters of recommendation.

**Failure to include all the mandatory submissions shall deem your Proposal non-responsive.**

**FINANCIAL PROPOSAL SUBMISSIONS**

Offerors shall submit an original signed completed Financial Proposal Form (page \_), and provide an original signed separate line item budget and narrative. One original and three (3) copies shall be placed in a sealed envelope labeled "Financial Proposal."

## **AWARD**

An award will be made on the basis of the most advantageous offer to the State of Maryland considering price *and* the evaluation criteria found in this solicitation. The technical component and financial component are given equal weight.

## **TECHNICAL EVALUATION CRITERIA OF PROPOSAL**

The State will evaluate technical proposals based on the following evaluation criteria. These are listed in descending order of importance.

- A. How experienced is the Offeror in providing HRST reviews?
- B. How strong are the letters of recommendation?
- C. To what extent does the Offeror's proposal provide timely completion of HRST reviews?
- D. How strong is the Offeror's value-added component?
- E. Does the Offeror have any conflicts of interest?

## **FINANCIAL EVALUATION CRITERIA OF PROPOSAL**

The State will evaluate financial proposals based on the following evaluation criteria.

- To what extent does the Offeror provide a clear and rational financial offer that is all inclusive of proposed services?

## **CONTRACT TERM**

The term of this contract shall be from April 1, 2016 through March 31, 2017.

## **BILLING**

The contractor shall bill the Department on a monthly basis for the work performed the previous month. The total cost of work may not exceed \$25,000 for the term of the contract.

All invoiced must be on the contractor's letterhead, must be signed and dated, and must include the following:

- The contractor's name and mailing address;
- The contractor's Federal Tax Identification or Social Security Number;
- The State assigned Contract Control Number;
- The State assigned blanket purchase order number;
- The goods and services provided;
- The time period covered by the invoice;

- The amount of requested payment; and
- Documentation to support invoice requested amount.

### **AWARD**

Vendors must first meet all of the mandatory requirements. An award will be made on the basis of the lowest price. Bids will not be considered by vendors who do not meet all of the mandatory requirements. The total cost of the resulting contract will not exceed \$25,000.

### **TIE-BIDS**

If bids are received from responsive and responsible Offerors that are identical in prices, terms and conditions, and which meet all requirements set forth in the solicitation, an award will be made in accordance with State Regulations 21.05.02.14B. If a tie still exists, the Offeror with the most experience shall be used to determine the successful Offeror.

### **BID SUBMISSION INFORMATION**

Interested parties should place both their sealed Financial Proposal envelope and sealed Technical Proposal envelope into a single submission envelope with the Procurement Officer information and the Procurement ID clearly marked. The financial proposal must include ALL final costs for completing the project.

Submissions will only be accepted via hand delivery, mail or courier (i.e. Fed Ex, UPS, etc.). Original hand-delivered or mailed submissions must be received by the Procurement Officer no later than **March 21, 2016** in order to be considered. Please put the Procurement Identification Number on the outside of the mailing envelope. **Offerors cannot submit multiple responses and only one proposal permitted per envelope.**

Offerors who hand-deliver proposals are requested to please ask the building's security desk for a visiting pass and go to the Fourth (4th) Floor, and ask for James Sult. \*NOTE: When dropping off the proposal, please obtain a receipt indicating proposal was received.

Offerors that have a courier deliver proposals are requested to please ask the building's security desk to telephone the PROCUREMENT OFFICER, James Sult at 410-767-5631. \*NOTE: When dropping off the proposal, please obtain a receipt indicating proposal was received.

Offerors who mail proposals should allow sufficient mail transit time to ensure timely receipt by the PROCUREMENT OFFICER. Proposals and/or unsolicited amendments to proposals arriving after the closing hour and date noted above will not be considered. For any response that is not hand-delivered, the offers must confirm, at least sixty (60) minutes before the deadline, that the proposals were received in DDA Procurement. **DDA is not responsible for proposals dropped off in the mailroom.** Questions regarding this solicitation should be directed (**By e-mail only, no phone calls will be accepted**) to the PROCUREMENT OFFICER.

**NO FAX OR EMAIL BIDS WILL BE ACCEPTED.**

**PROCUREMENT OFFICER:**

James Sult  
Procurement Specialist Lead  
Developmental Disabilities Administration  
201 W. Preston St., 4<sup>th</sup> Floor  
Baltimore, Maryland 21201  
(410) 767-5631  
[Jamesd.sult@maryland.gov](mailto:Jamesd.sult@maryland.gov)

**ISSUING OFFICE:**

Adrienne Holliman, Contract Monitor  
Developmental Disabilities Administration  
201 W. Preston St., 4<sup>th</sup> Floor  
Baltimore, Maryland 21201  
(410) 767-5636

\_\_\_\_\_  
Victoria F. Dunn, Chief of Procurement

Date: \_\_\_\_\_

**MINORITY BUSINESS ENTERPRISES ARE STRONGLY ENCOURAGED TO  
RESPOND TO THIS SOLICITATION.**

**FINANCIAL FORM**  
**PROCUREMENT I.D. NUMBER:**  
**ISSUE DATE:**  
**TITLE:**

**Offeror Information:**

Vendor Name: \_\_\_\_\_

Federal Tax ID (FEIN): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

SBR Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Vendor signature and date certifies that technical and price submissions are correct and that vendor agrees to perform all services stated in the **Bid Board Solicitation**.*

**Vendors may bid on individual regions, more than one region, or all regions.  
 Period from April 1, 2016 to March 31, 2017**

**1. CENTRAL REGION**

A. CENTRAL REGION	B. NUMBER OF HRST ASSESSMENTS	C. PROPOSED PRICE PER ASSESSMENT	D. MULTIPLY B x C for TOTAL
RM CM/DM Providing Assessment	16	\$	\$
E. TOTAL COST CENTRAL REGION			\$

**2. EASTERN SHORE REGION**

A. EASTERN SHORE REGION	B. NUMBER OF HRST ASSESSMENTS	C. PROPOSED PRICE PER ASSESSMENT	D. MULTIPLY B x C for TOTAL
RM CM/DM Providing Assessment	4	\$	\$
E. TOTAL COST EASTERN SHORE REGION			\$

**3. SOUTHERN REGION**

A. SOUTHERN REGION	B. NUMBER OF HRST ASSESSMENTS	C. PROPOSED PRICE PER ASSESSMENT	D. MULTIPLY B x C for TOTAL
RM CM/DM Providing Assessment	12	\$	\$
E. TOTAL COST SOUTHERN REGION			\$

**4. WESTERN REGION**

A. WESTERN REGION	B. NUMBER OF HRST ASSESSMENTS	C. PROPOSED PRICE PER ASSESSMENT	D. MULTIPLY B x C for TOTAL
RM CM/DM Providing Assessment	24	\$	\$
TOTAL COST WESTERN REGION			\$

*\*NOTE: The number of HRST Assessments is an estimate and not a guaranteed number of assessments per each region. The numbers could be higher or lower. The price for services will remain constant and not exceed the maximum allowable cost per Medicaid. Total cost for services of all Regions will not exceed the small procurement regulations of \$25,000.*